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# Web Announcement 163

## NDC Billing Instructions Updated for Physician/Outpatient Administered Drug Claims

National Drug Code (NDC) billing information has been updated in the [CMS-1500 \(08/05\)](#) and [UB-04](#) claim form instructions and in the [837P](#) and [837I](#) companion guides. Select “Billing Information” or “Electronic Claims/EDI” from the “Providers” menu at <http://nevada.fhsc.com>.

The Deficit Reduction Act of 2005 requires fee-for-service State Medicaid programs to capture and report NDCs for physician/outpatient-facility administered drugs beginning January 1, 2008, in order for the State to receive federal financial participation.

To facilitate this federal mandate, Nevada Medicaid will require NDC and NDC quantity be entered for physician/outpatient-facility administered drugs on claims received at First Health Services on and after January 1, 2008. This requirement applies to paper claim forms CMS-1500 and UB-04 and electronic transactions 837P and 837I. Provider types affected by this change are: 12, 14, 17, 20, 21, 22, 24, 25, 27, 29, 36, 45, 64, 72, 74 and 77.

If you have questions, please contact First Health Services via email at [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com).